

(1) Reimbursement rates and total payments to physicians and other health care providers by specialty and geographic area and trends in such reimbursement rates and total payments, including a comparison of reimbursement rates, total payments, and trends in other states;

(2) The impact of changes in reimbursements on access to health care and on health care disparities, volume of services, and quality of care;

(3) The effect of competition on payments to physicians and other health care providers;

(4) The trends for physician and other health care provider shortages by specialty and geographic area and any impact on health care access and quality caused by such shortages, including emergency department overcrowding;

(5) The amount of uncompensated care being provided by physicians and other health care providers and the trends in uncompensated care in Maryland and in other states;

(6) The extent to which current reimbursement methods recognize and reward higher quality of care;

(7) Methods used by large purchasers of health care to evaluate adequacy and cost of provider networks; and

(8) (i) The practice by certain health insurance carriers of requiring health care providers who join a provider network of a carrier to also serve on a provider network of a different carrier; and

(ii) The effect of the practice described in item (i) of this item on health care provider payments and willingness to serve on provider networks of health insurance carriers.

(f) The Task Force shall develop recommendations regarding:

(1) Specific options that are available, given limitations of the federal ERISA law, to change physician and other health care provider reimbursements, if needed;

(2) The sufficiency of present statutory formulas for the reimbursement of noncontracting physicians and other health care providers by health maintenance organizations;

(3) Whether the Maryland Insurance Administration and the Attorney General currently have sufficient authority to regulate rate setting and